

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033112

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 2358

FILED SEP 4 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Koch

Length of stay in lb
67 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

MO

b. COUNTY

c. CITY OR TOWN
ST LOUIS
Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Robert Koch Hospital

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS
2823 SHERIDANReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

HOLLIVAN

First

CODY

Middle

Last

4. DATE OF DEATH

AUG 11 1962

Month

Day

Year

5. SEX

M

6. COLOR OR RACE

non white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 10 1901

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR
Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ALABAMA

12. CITIZEN OF WHAT COUNTRY

USA

13. FATHER'S NAME

Richard Cody deceased

13b. MOTHER'S MAIDEN NAME

EUVIE STEWART

14. NAME OF HUSBAND OR WIFE

HELEN GILBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Burd - Koch Hospitals

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHRONIC PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH

3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 5/62 to AUG 11/62 and last saw him alive on AUG 11/62
Death occurred at 4:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Cohen MD

22b. ADDRESS

Robert Koch Hospital MO

22c. DATE SIGNED

8/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/18/62

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wright Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.

8-14-62

26. REGISTRAR'S SIGNATURE

John Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3110 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- If this body is not embalmed, fact should be so stated above.